



DEC. 10, 2004

CBL&amp;H 202 293 6229 (S) TRANSMITTAL

NO. 0971 P. 4/4

Complete and send this form, together with applicable fee(s), to:

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 09/17/2004

Burton A Amernick  
Connolly Bove Lodge & Hutz  
PO Box 19088  
Washington, DC 20036-0088

12/13/2004 MWOLGE2 00000107 220185 10069146

01 FC:2501 700.00 DA

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/069,146	02/22/2002	Douglas Rawson-Harris	22078/0001	1778

## TITLE OF INVENTION: SECURITY SCREW

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665 7-0-0	\$0	\$665 7-0-0	12/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
THOMAS, DAVID B	3723	081-120000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. CONNOLLY BOVE  
2. LODGE & HUTZ LLP  
3. Myron K. Wyche

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

GOOD-CART PTY LTD

MONA VALE, AUSTRALIA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are enclosed:

## 4b. Payment of Fee(s):

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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A check in the amount of the fee(s) is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 22-0185 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Myron K. Wyche  
 Typed or printed name Myron K. Wyche

Date December 10, 2004  
 Registration No. 47,341

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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NO. 0971 P. 1/4

## FAX TRANSMISSION

**DATE:** December 10, 2004**PTO IDENTIFIER:** Application Number 10/069,146-Conf. #1778  
Patent Number**Inventor:** Douglas Rawson-Harris**MESSAGE TO:** Office of Patent Publication**FAX NUMBER:** (703) 746-4000**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP

Myron Keith Wychc

**PHONE:** (202) 331-7111**Attorney Dkt. #:** 22078-00001-US**PAGES (Including Cover Sheet):** 3**CONTENTS:** Part B – Issue Fee Transmittal (1 page)  
Fee Transmittal (1 page)  
Charge \$700.00 to Deposit Account 22-0185  
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**CONNOLLY BOVE LODGE & HUTZ LLP**  
1990 M Street, N.W., Suite 800, Washington, DC 20036-3425  
**Telephone:** (202) 331-7111 **Facsimile:** (202) 293-6229



DEC 10 2004 3:15PM

CBL&amp;H 202 293 6229

NO. 0971 P. 2/4

PTO/SB/97 (08-04)

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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Application No. (if known): 10/069,146

Attorney Docket No.: 22078-00001-US

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on December 10, 2004  
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Signature

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Part B – Issue Fee Transmittal (1 page)  
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10.2004 3:15PM

CBL&amp;H 202 293 6229

NO. 0971 P. 3/4

PTO/SB/17 (12-04)  
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**Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**

## **FEE TRANSMITTAL For FY 2005**

<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\\$) 700.00</b>

**Complete if Known**

Application Number	10/069,148-Conf. #1778
Filing Date	February 22, 2002
First Named Inventor	Douglas Rawson-Harris
Examiner Name	D. B. Thomas
Art Unit	3723
Attorney Docket No.	22078-00001-US

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number:	22-0185	Deposit Account Name: Connolly Bove Lodge & Hutz LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	300	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent      **Fee (\$)**      **Small Entity Fee (\$)**  
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent      50      25  
 Multiple dependent claims      200      100  
 360      180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
6	-20 =	x	=	Fee (\$)	Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	-5 =	x	=

**3. APPLICATION SIZE FEE**  
 If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50	(round up to a whole number) x	=

**4. OTHER FEE(S)**  
 Non-English Specification, \$130 fee (no small entity discount)  
 Other: 2501 Utility issue fee      **Fees Paid (\$)**  
 700.00

**SUBMITTED BY**

Signature	<i>Myron Keith Wyche</i>	Registration No. (Attorney/Agent)	47,341	Telephone	(202) 331-7111
Name (Print/Type)	Myron Keith Wyche	Date	December 10, 2004		

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